



National Eating Disorders Association

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Donor Information

Name:		Title:
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Street Address:		
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Reason for Gift

Personal Contribution Corporate Contribution Gift is in honor of: _____

Professional Champion Gift is in memory of: _____

Please notify the following person of my gift: _____

Address: _____ City: _____

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Event Ticket/ Contribution

Amount: \$ _____ Event Name: _____

Not Attending Will Attend - # of tickets _____ Seat me with: _____

Total Amount: _____ Payment Method:

<input type="checkbox"/> Check (<i>Made Payable to NEDA</i>)	<input type="checkbox"/> American Express	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Card No.:		Expiration Date:	CVV:
Name on card (<i>Please Print</i>):			
Signature:			
Billing Address (<i>If Different From Above</i>):			

NEDA is a 501(c)3 nonprofit organization dedicated to supporting individuals and families affected by eating disorders and acting as a catalyst for prevention, cures and access to quality care. **Our Federal tax ID# 13-3444882.** Your gift is tax-deductible to the full extent of the law.

